

CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25546713	01/21/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9130.20	000148

ANALYST ID  
 N0001112

PAYMENT DATE: 01/21/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
01/01/00	01/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,230.20	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	01/01/00	01/31/00	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT		TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY		THIS PAYMENT	
ADJUSTED GROSS BENEFIT:	\$ 9,230.20	OASDI WITHHOLDING:	\$ .00	EMPLOYEE STATE:	MA
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING:	\$ .00		
OASDI TAXABLE WAGES:	\$ .00	FEDERAL WITHHOLDING:	\$ 100.00		
MEDICARE TAXABLE WAGES:	\$ .00	STATE WITHHOLDING:	\$ .00		
FEDERAL TAXABLE WAGES:	\$ 1,236.85	OTHER DEDUCTIONS:	\$ .00		
FEDERAL (EXCLUDABLE) WAGES:	\$ 7,993.35	NET PAID:	\$ 9,130.20		
STATE TAXABLE WAGES:	\$ 1,236.85				

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
 IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

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**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston



CHECK NUMBER	CHECK DATE
25563392	02/21/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9130.20	000169

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0001112

PAYMENT DATE: 02/21/00		EXPLANATION OF BENEFIT (EOB) STATEMENT						PAYMENT TYPE: LTD		PAYEE: EMPLOYEE	
PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT		
02/01/00	02/29/00	\$ 9,995.20	\$ 1,316.00	\$ 9,230.20	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,130.20		

NET CHECK AMOUNT: \$ 9,130.20

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	02/01/00	02/29/00	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT		TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY		THIS PAYMENT	
ADJUSTED GROSS BENEFIT:	\$ 9,230.20	OASDI WITHHOLDING:	\$ .00	EMPLOYEE STATE:	MA
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING:	\$ .00		
OASDI TAXABLE WAGES:	\$ .00	FEDERAL WITHHOLDING:	\$ 100.00		
MEDICARE TAXABLE WAGES:	\$ .00	STATE WITHHOLDING:	\$ .00		
FEDERAL TAXABLE WAGES:	\$ 1,236.85	OTHER DEDUCTIONS:	\$ .00		
FEDERAL (EXCLUDABLE) WAGES:	\$ 7,993.35				
STATE TAXABLE WAGES:	\$ 1,236.85	NET PAID:	\$ 9,130.20		

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LIBERTY LIFE  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535

**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston



CHECK NUMBER	CHECK DATE
25582049	03/21/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9130.20	000145

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0001112

PAYMENT DATE: 03/21/00

EXPLANATION OF BENEFIT (EOB) STATEMENT

PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
03/01/00	03/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,230.20	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

DESCRIPTION	OFFSET(S)-DETAIL PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	03/01/00	03/31/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

DESCRIPTION	OTHER DEDUCTION(S)-DETAIL PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,236.85  
 FEDERAL (EXCLUDABLE) WAGES: \$ 7,993.35  
 STATE TAXABLE WAGES: \$ 1,236.85

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
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**LIBERTY  
MUTUAL**  
Liberty Life  
Assurance Company of Boston

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25601285	04/20/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9130.20	000123

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

ANALYST ID  
N0001112

PAYMENT DATE: 04/20/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
04/01/00	04/30/00	\$ 9,995.20	\$ 1,316.00	\$ 9,230.20	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	04/01/00	04/30/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,236.85  
FEDERAL (EXCLUDABLE) WAGES: \$ 7,993.35  
STATE TAXABLE WAGES: \$ 1,236.85

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

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**LIBERTY  
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CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25620446	05/22/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9130.20	000188

ANALYST ID  
N0001112

PAYMENT DATE: 05/22/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
05/01/00	05/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,230.20	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	05/01/00	05/31/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,236.85  
FEDERAL (EXCLUDABLE) WAGES: \$ 7,993.35  
STATE TAXABLE WAGES: \$ 1,236.85

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

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CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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 EMPLOYEE SSN  
 024-28-8555

**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25639860	06/20/00
CHECK AMOUNT	BLOCK NUMBER
\$***9130.20	000128

ANALYST ID  
 N0001112

PAYMENT DATE: 06/20/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
06/01/00	06/30/00	\$ 9,995.20	\$ 1,316.00	\$ 9,230.20	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,130.20

NET CHECK AMOUNT: \$ 9,130.20

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	06/01/00	06/30/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,230.20  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,236.85  
 FEDERAL (EXCLUDABLE) WAGES: \$ 7,993.35  
 STATE TAXABLE WAGES: \$ 1,236.85

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,130.20

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 -DISABILITY PRODUCTS  
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 EMPLOYEE SSN  
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**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25660211	07/21/00
CHECK AMOUNT	BLOCK NUMBER
\$***9407.11	000136

ANALYST ID  
 N0001112

PAYMENT DATE: 07/21/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
07/01/00	07/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	07/01/00	07/31/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

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CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

**LIBERTY  
 MUTUAL**

Liberty Life  
 Assurance Company of Boston

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25680164	08/21/00
CHECK AMOUNT	BLOCK NUMBER
\$***9407.11	000193

ANALYST ID  
 N0001112

PAYMENT DATE: 08/21/00		EXPLANATION OF BENEFIT (EOB) STATEMENT						PAYEE: EMPLOYEE	
		PAYMENT TYPE: LTD							
PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
08/01/00	08/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	08/01/00	08/31/00	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT  
 ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40  
 OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT  
 OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

EMPLOYEE STATE: MA

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 EMPLOYEE SSN  
 024-28-8555

**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25701786	09/20/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9407.11	000132

ANALYST ID  
 N0054334

PAYMENT DATE: 09/20/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
09/01/00	09/30/00	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	09/01/00	09/30/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

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CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

**LIBERTY  
 MUTUAL**  
 Liberty Life  
 Assurance Company of Boston

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

CHECK NUMBER	CHECK DATE
25723383	10/23/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9407.11	000171

ANALYST ID  
 N0054334

PAYMENT DATE: 10/23/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
10/01/00	10/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	10/01/00	10/31/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
 IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25743017	11/20/00
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9407.11	000163

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0054334

PAYMENT DATE: 11/20/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
11/01/00	11/30/00	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	11/01/00	11/30/00	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,273.95  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25764664	12/21/00
CHECK AMOUNT	BLOCK NUMBER
\$**9407.11	000145

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0054334

PAYMENT DATE: 12/21/00 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
12/01/00	12/31/00	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	12/01/00	12/31/00	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40  
 OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00  
 OTHER DEDUCTIONS: \$ .00

EMPLOYEE STATE: MA

NET PAID: \$ 9,407.11

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CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25784791	01/22/01
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9407.11	000167

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0054334

PAYMENT DATE: 01/22/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
01/01/01	01/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

DESCRIPTION	OFFSET(S)-DETAIL PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	OTHER DEDUCTION(S)-DETAIL PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	01/01/01	01/31/01	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT	TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY	THIS PAYMENT
ADJUSTED GROSS BENEFIT: \$ 9,507.11	OASDI WITHHOLDING: \$ .00	EMPLOYEE STATE: MA
BENEFIT TAX %: 13.40	MEDICARE WITHHOLDING: \$ .00	
OASDI TAXABLE WAGES: \$ .00	FEDERAL WITHHOLDING: \$ 100.00	
MEDICARE TAXABLE WAGES: \$ .00	STATE WITHHOLDING: \$ .00	
FEDERAL TAXABLE WAGES: \$ 1,273.95	OTHER DEDUCTIONS: \$ .00	
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16	NET PAID: \$ 9,407.11	
STATE TAXABLE WAGES: \$ 1,273.95		

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CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25803754	02/19/01
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9407.11	000127

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0054334

PAYMENT DATE: 02/19/01

EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
02/01/01	02/28/01	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

DESCRIPTION	OFFSET(S)-DETAIL PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	02/01/01	02/28/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

DESCRIPTION	OTHER DEDUCTION(S)-DETAIL PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

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CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25825371	03/21/01
CHECK AMOUNT	BLOCK NUMBER
\$\$\$9407.11	000124

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0054334

PAYMENT DATE: 03/21/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
03/01/01	03/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	03/01/01	03/31/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,273.95  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
 STATE TAXABLE WAGES: \$ 1,273.95

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

EMPLOYEE STATE: MA

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25846232	04/20/01
CHECK AMOUNT	BLOCK NUMBER
\$***9407.11	000114

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0054334

PAYMENT DATE: 04/20/01

EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
04/01/01	04/30/01	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL  
DESCRIPTION PERIOD FROM PERIOD THRU AMOUNT  
SS - DISABILITY 04/01/01 04/30/01 \$ 1,316.00  
TOTAL OFFSET(S) \$ 1,316.00

OTHER DEDUCTION(S)-DETAIL  
DESCRIPTION PERIOD FROM PERIOD THRU AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT  
ADJUSTED GROSS BENEFIT: \$ 9,507.11  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,273.95  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT  
OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

EMPLOYEE STATE: MA

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25866341	05/21/01
CHECK AMOUNT	BLOCK NUMBER
\$***9407.11	000182

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0054334

PAYMENT DATE: 05/21/01

EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
05/01/01	05/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	05/01/01	05/31/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,273.95  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
STATE TAXABLE WAGES: \$ 1,273.95

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



CHECK NUMBER	CHECK DATE
25887398	06/20/01
CHECK AMOUNT	BLOCK NUMBER
\$***9407.11	000133

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0046859

PAYMENT DATE: 06/20/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
06/01/01	06/30/01	\$ 9,995.20	\$ 1,316.00	\$ 9,507.11	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,407.11

NET CHECK AMOUNT: \$ 9,407.11

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	06/01/01	06/30/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,507.11  
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,273.95  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,233.16  
STATE TAXABLE WAGES: \$ 1,273.95

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,407.11

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CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45117645

DEPOSIT DATE  
07/28/01

BANK ROUTING #  
011900445

BLOCK NUMBER  
000158

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0046859

EOB DATE: 07/23/01  
EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD  
PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
07/01/01	07/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	07/01/01	07/31/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,312.17  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45121690

DEPOSIT DA1  
08/26/01

BANK ROUTING #  
011900445

BLOCK NUMBER  
000129

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0046859

EOB DATE: 08/21/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	PAYEE: EMPLOYEE (OTHER DEDUCTIONS)	NET PAYMENT
08/01/01	08/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	08/01/01	08/31/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,312.17  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00  
OTHER DEDUCTIONS: \$ .00

EMPLOYEE STATE: MA

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199



DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45125574

DEPOSIT DATE  
09/25/01

BANK ROUTING #  
011900445

BLOCK NUMBER  
000120

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0046859

EOB DATE: 09/20/01  
EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
09/01/01	09/30/01	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	09/01/01	09/30/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,312.17  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45129720

DEPOSIT DATE  
10/27/01

BANK ROUTING #  
011900445

BLOCK NUMBER  
000173

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 10/22/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
10/01/01	10/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	10/01/01	10/31/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,312.17  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45134020

DEPOSIT DATE  
11/25/01

BANK ROUTING #  
011900445

BLOCK NUMBER  
000126

CLAIM NUMBER  
0000114766

EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 11/20/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	PAYEE: EMPLOYEE (OTHER DEDUCTIONS)	NET PAYMENT
11/01/01	11/30/01	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	11/01/01	11/30/01	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,312.17  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45138740

DEPOSIT DATE  
12/26/01

BANK ROUTING #  
011900445

BLOCK NUMBER  
000134

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 12/21/01 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	PAYEE: EMPLOYEE (OTHER DEDUCTIONS)	NET PAYMENT
12/01/01	12/31/01	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL			OTHER DEDUCTION(S)-DETAIL		
DESCRIPTION	PERIOD FROM	PERIOD THRU	DESCRIPTION	PERIOD FROM	PERIOD THRU
SS - DISABILITY	12/01/01	12/31/01			
			AMOUNT		AMOUNT
			\$ 1,316.00		
TOTAL OFFSET(S)			\$ 1,316.00		

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT		TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY		THIS PAYMENT	
ADJUSTED GROSS BENEFIT:	\$ 9,792.32	OASDI WITHHOLDING:	\$ .00	EMPLOYEE STATE:	MA
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING:	\$ .00		
OASDI TAXABLE WAGES:	\$ .00	FEDERAL WITHHOLDING:	\$ 100.00		
MEDICARE TAXABLE WAGES:	\$ .00	STATE WITHHOLDING:	\$ .00		
FEDERAL TAXABLE WAGES:	\$ 1,312.17	OTHER DEDUCTIONS:	\$ .00		
FEDERAL (EXCLUDABLE) WAGES:	\$ 8,480.15				
STATE TAXABLE WAGES:	\$ 1,312.17	NET PAID:	\$ 9,692.32		

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199



CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF  
 45142885

DEPOSIT DATE  
 01/26/02

BANK ROUTING #  
 011900445

BLOCK NUMBER  
 000178

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0000733

EOB DATE: 01/21/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
01/01/02	01/31/02	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	01/01/02	01/31/02	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT		TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY		THIS PAYMENT	
ADJUSTED GROSS BENEFIT:	\$ 9,792.32	OASDI WITHHOLDING:	\$ .00	EMPLOYEE STATE:	MA
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING:	\$ .00		
OASDI TAXABLE WAGES:	\$ .00	FEDERAL WITHHOLDING:	\$ 100.00		
MEDICARE TAXABLE WAGES:	\$ .00	STATE WITHHOLDING:	\$ .00		
FEDERAL TAXABLE WAGES:	\$ 1,312.17	OTHER DEDUCTIONS:	\$ .00		
FEDERAL (EXCLUDABLE) WAGES:	\$ 8,480.15	NET PAID:	\$ 9,692.32		
STATE TAXABLE WAGES:	\$ 1,312.17				

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF  
 45147088

DEPOSIT DATE  
 02/23/02

BANK ROUTING #  
 011900445

BLOCK NUMBER  
 000134

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0000733

EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
02/01/02	02/28/02	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	02/01/02	02/28/02	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT		THIS PAYMENT	
ADJUSTED GROSS BENEFIT: \$	9,792.32	OASDI WITHHOLDING: \$	.00
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING: \$	.00
OASDI TAXABLE WAGES: \$	.00	FEDERAL WITHHOLDING: \$	100.00
MEDICARE TAXABLE WAGES: \$	.00	STATE WITHHOLDING: \$	.00
FEDERAL TAXABLE WAGES: \$	1,312.17	OTHER DEDUCTIONS: \$	.00
FEDERAL (EXCLUDABLE) WAGES: \$	8,480.15	NET PAID: \$	9,692.32
STATE TAXABLE WAGES: \$	1,312.17		

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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF 45152003 DEPOSIT DATE 03/26/02  
 BANK ROUTING # 011900445 BLOCK NUMBER 000136

CLAIM NUMBER 0000114766  
 EMPLOYEE NAME SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01  
 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0003968

EOB DATE: 03/21/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
03/01/02	03/31/02	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	03/01/02	03/31/02	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,312.17  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
 STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

EMPLOYEE STATE: MA

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF  
 45156392

DEPOSIT DATE  
 04/27/02

BANK ROUTING #  
 011900445

BLOCK NUMBER  
 000170

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0003968

EOB DATE: 04/22/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
04/01/02	04/30/02	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	04/01/02	04/30/02	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
 BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,312.17  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
 STATE TAXABLE WAGES: \$ 1,312.17

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

EMPLOYEE STATE: MA

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199



CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF 45161273  
 DEPOSIT DATE 05/26/02  
 BANK ROUTING # 011900445  
 BLOCK NUMBER 000132

CLAIM NUMBER 0000114766  
 EMPLOYEE NAME SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01  
 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0003968

## EXPLANATION OF BENEFIT (EOB) STATEMENT

EOB DATE: 05/21/02 PAYMENT TYPE: LTD PAYEE: EMPLOYEE  

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
05/01/02	05/31/02	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL  

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	05/01/02	05/31/02	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL  

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

## TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY

## THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 9,792.32  
 BENEFIT TAX %: 13.40  
 OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,312.17  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15  
 STATE TAXABLE WAGES: \$ 1,312.17

## THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,692.32

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

## EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF  
 45166097

DEPOSIT DATE  
 06/25/02

BANK ROUTING #  
 011900445

BLOCK NUMBER  
 000126

CLAIM NUMBER  
 0000114766  
 EMPLOYEE NAME  
 SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN  
 024-28-8555

POLICY NUMBER  
 GF3-810-244052-01  
 CUSTOMER NAME  
 MOUNT AUBURN HOSPITAL

ANALYST ID  
 N0003968

EOB DATE: 06/20/02		EXPLANATION OF BENEFIT (EOB) STATEMENT							PAYEE: EMPLOYEE	
		PAYMENT TYPE: LTD								
PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT	
06/01/02	06/30/02	\$ 9,995.20	\$ 1,316.00	\$ 9,792.32	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,692.32	

NET DEPOSIT: \$ 9,692.32

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	06/01/02	06/30/02	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT		THIS PAYMENT	
ADJUSTED GROSS BENEFIT: \$ 9,792.32	OASDI WITHHOLDING: \$ .00	EMPLOYEE STATE: MA	
BENEFIT TAX %: 13.40	MEDICARE WITHHOLDING: \$ .00		
OASDI TAXABLE WAGES: \$ .00	FEDERAL WITHHOLDING: \$ 100.00		
MEDICARE TAXABLE WAGES: \$ .00	STATE WITHHOLDING: \$ .00		
FEDERAL TAXABLE WAGES: \$ 1,312.17	OTHER DEDUCTIONS: \$ .00		
FEDERAL (EXCLUDABLE) WAGES: \$ 8,480.15			
STATE TAXABLE WAGES: \$ 1,312.17	NET PAID: \$ 9,692.32		

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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45171609

DEPOSIT DATE  
07/28/02

BANK ROUTING #  
011900445

BLOCK NUMBER  
000047

CLAIM NUMBER  
0000114766

EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 07/23/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
07/01/02	07/31/02	\$ 9,995.20	\$ 1,316.00	\$ 10,086.09	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	07/01/02	07/31/02	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
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MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,086.09  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,351.54  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55  
STATE TAXABLE WAGES: \$ 1,351.54

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,986.09

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY.  
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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF 45175881 DEPOSIT DATE 08/26/02  
BANK ROUTING # 011900445 BLOCK NUMBER 000115

CLAIM NUMBER  
0000114766

EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 08/21/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD PAYEE: EMPLOYEE  
PAYMENT FROM 08/01/02 PAYMENT THRU 08/31/02 GROSS BENEFIT \$ 9,995.20 (OFFSETS) \$ 1,316.00 ADJ. GROSS BENEFIT \$ 10,086.09 (FICA WITHHOLD.) \$ .00 (F.I.T. WITHHOLD.) \$ 100.00 (S.I.T. WITHHOLD.) \$ .00 (OTHER DEDUCTIONS) \$ .00 NET PAYMENT \$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL  
DESCRIPTION PERIOD FROM PERIOD THRU AMOUNT  
SS - DISABILITY 08/01/02 08/31/02 \$ 1,316.00  
TOTAL OFFSET(S) \$ 1,316.00

OTHER DEDUCTION(S)-DETAIL  
DESCRIPTION PERIOD FROM PERIOD THRU AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,086.09  
BENEFIT TAX %: 13.40  
OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,351.54  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55  
STATE TAXABLE WAGES: \$ 1,351.54

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,986.09

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199



CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF 45180605 DEPOSIT DATE 09/25/02  
 BANK ROUTING # 011900445 BLOCK NUMBER 000123

CLAIM NUMBER 0000114766  
 EMPLOYEE NAME SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01  
 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD

PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
09/01/02	09/30/02	\$ 9,995.20	\$ 1,316.00	\$ 10,086.09	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL  
 DESCRIPTION PERIOD FROM PERIOD THRU AMOUNT  
 SS - DISABILITY 09/01/02 09/30/02 \$ 1,316.00  
 TOTAL OFFSET(S) \$ 1,316.00

OTHER DEDUCTION(S)-DETAIL  
 DESCRIPTION PERIOD FROM PERIOD THRU AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
 FOR THIS PAYMENT ONLY

THIS PAYMENT

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,086.09  
 BENEFIT TAX %: 13.40  
 OASDI TAXABLE WAGES: \$ .00  
 MEDICARE TAXABLE WAGES: \$ .00  
 FEDERAL TAXABLE WAGES: \$ 1,351.54  
 FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55  
 STATE TAXABLE WAGES: \$ 1,351.54

OASDI WITHHOLDING: \$ .00  
 MEDICARE WITHHOLDING: \$ .00  
 FEDERAL WITHHOLDING: \$ 100.00  
 STATE WITHHOLDING: \$ .00

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,986.09

EMPLOYEE STATE: MA

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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45185504

DEPOSIT DATE  
10/26/02

BANK ROUTING #  
011900445

BLOCK NUMBER  
000164

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 10/21/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
PAYMENT TYPE: LTD

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
10/01/02	10/31/02	\$ 9,995.20	\$ 1,316.00	\$ 10,086.09	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	10/01/02	10/31/02	\$ 1,316.00
TOTAL OFFSET(S)			\$ 1,316.00

OTHER DEDUCTION(S)-DETAIL

DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

TAX REPORTING INFORMATION  
FOR THIS PAYMENT ONLY

THIS PAYMENT

ADJUSTED GROSS BENEFIT: \$ 10,086.09  
BENEFIT TAX %: 13.40

OASDI TAXABLE WAGES: \$ .00  
MEDICARE TAXABLE WAGES: \$ .00  
FEDERAL TAXABLE WAGES: \$ 1,351.54  
FEDERAL (EXCLUDABLE) WAGES: \$ 8,734.55  
STATE TAXABLE WAGES: \$ 1,351.54

THIS PAYMENT

OASDI WITHHOLDING: \$ .00  
MEDICARE WITHHOLDING: \$ .00  
FEDERAL WITHHOLDING: \$ 100.00  
STATE WITHHOLDING: \$ .00

EMPLOYEE STATE: MA

OTHER DEDUCTIONS: \$ .00

NET PAID: \$ 9,986.09

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DISABILITY PRODUCTS  
P.O. BOX 1525  
DOVER, NH 03821

EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199

CLAIM OFFICE ADDRESS  
 DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821  
 1-800-210-0268 EXT. 38535



PAYMENT REF 45191065 DEPOSIT DATE 11/25/02  
 BANK ROUTING # 011900445 BLOCK NUMBER 000114

CLAIM NUMBER 0000114766  
 EMPLOYEE NAME SCAPICCHIO, ANTHONY  
 EMPLOYEE SSN 024-28-8555

POLICY NUMBER GF3-810-244052-01  
 CUSTOMER NAME MOUNT AUBURN HOSPITAL

ANALYST ID N0000733

EOB DATE: 11/20/02 EXPLANATION OF BENEFIT (EOB) STATEMENT  
 PAYMENT TYPE: LTD PAYEE: EMPLOYEE

PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
11/01/02	11/30/02	\$ 9,995.20	\$ 1,316.00	\$ 10,086.09	\$ .00	\$ 100.00	\$ .00	\$ .00	\$ 9,986.09

NET DEPOSIT: \$ 9,986.09

OFFSET(S)-DETAIL				OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT	DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	11/01/02	11/30/02	\$ 1,316.00				
TOTAL OFFSET(S)			\$ 1,316.00				

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT		TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY		THIS PAYMENT	
ADJUSTED GROSS BENEFIT:	\$ 10,086.09	OASDI WITHHOLDING:	\$ .00	EMPLOYEE STATE:	MA
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING:	\$ .00		
OASDI TAXABLE WAGES:	\$ .00	FEDERAL WITHHOLDING:	\$ 100.00		
MEDICARE TAXABLE WAGES:	\$ .00	STATE WITHHOLDING:	\$ .00		
FEDERAL TAXABLE WAGES:	\$ 1,351.54	OTHER DEDUCTIONS:	\$ .00		
FEDERAL (EXCLUDABLE) WAGES:	\$ 8,734.55	NET PAID:	\$ 9,986.09		
STATE TAXABLE WAGES:	\$ 1,351.54				

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DISABILITY PRODUCTS  
 P.O. BOX 1525  
 DOVER, NH 03821



EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
 770 BOYLSTON STREET  
 APT. 9B  
 BOSTON MA 02199

CLAIM OFFICE ADDRESS  
GROUP MARKET DISABILITY CLAIMS  
P.O. BOX 1525  
DOVER, NH 03821  
1-800-210-0268 EXT. 38535



PAYMENT REF  
45196419

DEPOSIT DATE  
12/28/02

BANK ROUTING #  
011900445

BLOCK NUMBER  
000173

CLAIM NUMBER  
0000114766  
EMPLOYEE NAME  
SCAPICCHIO, ANTHONY  
EMPLOYEE SSN  
024-28-8555

POLICY NUMBER  
GF3-810-244052-01  
CUSTOMER NAME  
MOUNT AUBURN HOSPITAL

ANALYST ID  
N0000733

EOB DATE: 12/23/02		EXPLANATION OF BENEFIT (EOB) STATEMENT						PAYEE: EMPLOYEE	
		PAYMENT TYPE: LTD							
PAYMENT FROM	PAYMENT THRU	GROSS BENEFIT	(OFFSETS)	ADJ. GROSS BENEFIT	(FICA WITHHOLD.)	(F.I.T. WITHHOLD.)	(S.I.T. WITHHOLD.)	(OTHER DEDUCTIONS)	NET PAYMENT
12/01/02	12/18/02	\$ 9,995.20	\$ 789.60	\$ 10,049.73	\$ .00	\$ 60.00	\$ .00	\$ .00	\$ 9,989.73

NET DEPOSIT: \$ 9,989.73

OFFSET(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT
SS - DISABILITY	12/01/02	12/18/02	\$ 789.60
TOTAL OFFSET(S)			\$ 789.60

OTHER DEDUCTION(S)-DETAIL			
DESCRIPTION	PERIOD FROM	PERIOD THRU	AMOUNT

MEMO: LONG TERM DISABILITY BENEFITS WITH CORRECT COLA & SOCIAL SECURITY OFFSET.

THIS PAYMENT		TAX REPORTING INFORMATION FOR THIS PAYMENT ONLY		THIS PAYMENT	
ADJUSTED GROSS BENEFIT:	\$ 10,049.73	OASDI WITHHOLDING:	\$ .00	EMPLOYEE STATE:	MA
BENEFIT TAX %:	13.40	MEDICARE WITHHOLDING:	\$ .00		
OASDI TAXABLE WAGES:	\$ .00	FEDERAL WITHHOLDING:	\$ 60.00		
MEDICARE TAXABLE WAGES:	\$ .00	STATE WITHHOLDING:	\$ .00		
FEDERAL TAXABLE WAGES:	\$ 1,346.66	OTHER DEDUCTIONS:	\$ .00		
FEDERAL (EXCLUDABLE) WAGES:	\$ 8,703.07				
STATE TAXABLE WAGES:	\$ 1,346.66	NET PAID:	\$ 9,989.73		

PLEASE NOTE: THE TAX INFORMATION DESCRIBED ABOVE IS PROVIDED TO THE CUSTOMER FOR THEIR REPORTING ONLY. IT IS NOT DESIGNED TO COMPLETE INDIVIDUAL TAX RETURNS AND SHOULD NOT BE USED FOR THAT PURPOSE.

GROUP MARKET DISABILITY CLAIMS  
P.O. BOX 1525  
DOVER, NH 03821



EXPLANATION OF BENEFITS FOR:

ANTHONY SCAPICCHIO  
770 BOYLSTON STREET  
APT. 9B  
BOSTON MA 02199